



**Campaign Finance Section
Financial Report**

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Friends for Greg Fuller

Account Number: ***** Date of this Report: 08/17/2010

Reporting Period Start: 01/01/2010 Reporting Period End: 08/17/2010

Office: Register Of Wills - Sussex County

Check the box that applies to this report:

Primary Election	<u> </u> 8-DAY	<u> X </u> 30-DAY
General Election	<u> </u> 8-DAY	<u> </u> 30-DAY
Other Election	<u> </u> 8-DAY	<u> </u> 30-DAY
Special Election	<u> </u> 8-DAY	<u> </u> 30-DAY
	<u> </u> YEAR END	

Final Organization Closing:	<u> </u> YES	<u> X </u> NO	Closing Date:	<u> </u>
Amendment:	<u> </u> YES	<u> X </u> NO		

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

TREASURER SIGNATURE _____ DATE _____

CANDIDATE SIGNATURE _____ DATE _____



STATEMENT OF ACCOUNT BALANCE

Account Number:	*****	Reporting Period:	01/01/2010 FROM	08/17/2010 TO
1. BEGINNING BALANCE (Ending Balance from last reporting period)				\$2,373.80
2. RECEIPTS:				
A. SCHEDULE A - TOTAL RECEIPTS				\$8,032.50
B. SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS				\$325.00
C. SCHEDULE D-1 - TOTAL LOANS RECEIVED				\$0.00
D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED				\$0.00
E. SUBTOTAL (Total of A,B,C,D)				\$8,357.50
3. EXPENDITURES:				
F. SCHEDULE B - TOTAL EXPENDITURES				\$6,965.97
G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES				\$325.00
H. SCHEDULE D-2 - TOTAL LOAN PAYMENTS				\$0.00
I. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS PAID				\$0.00
J. SUBTOTAL (Total of F,G,H,I)				\$7,290.97
4. ENDING BALANCE (Beginning Balance plus 2E minus 3J)				\$3,440.33
5. VALUE OF NON-CASH ASSETS (From Schedule F)				\$0.00
6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)				\$0.00
7. VALUE OF LOANS AT END OF PERIOD (Loan Balance From Schedule D-2)				\$1,390.00
8. CLOSE OUT BALANCE (Must equal zero if committee closed)				\$4,830.33



SCHEDULE A - TOTAL RECEIPTS

Account Number: ***** Reporting Period: 01/01/2010 08/17/2010
FROM TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
08/15/2010	41st Rep Dem District Committee	28044 Chief Rd, Millsboro DE 19966	\$300.00	\$300.00
08/15/2010	Shore Democrats	PO Box 1543, Ocean View DE 19970	\$300.00	\$300.00
07/27/2010	36th Dem Rep District Committee	521 Mulberry St, Milton DE 19968	\$300.00	\$300.00
06/13/2010	38th Dem Rep District Committee	PO Box 837, Ocean View DE 19970	\$600.00	\$600.00
06/05/2010	Chipman L. Flowers	121 Betsy Rawls Dr, Middletown DE 19709	\$150.00	\$150.00
05/09/2010	Friends for Pete Schwartzkopf	24 Coventry Rd, Rehoboth Beach DE 19971	\$200.00	\$200.00
03/17/2010	Friends of Rob Robinson	111 S. Front St, Georgetown DE 19947	\$600.00	\$600.00
02/04/2010	Joann Conaway	105 Delaware Avenue, Bridgeville DE 19933	\$600.00	\$600.00
02/04/2010	Eastern Sussex Democrats	22590 Hurdle Ditch Rd, Harbeson DE 19951	\$500.00	\$500.00
01/28/2010	Dawn Fulmore	6123 Spring Knoll Drive, Harrisburg, PA 17111	\$200.00	\$200.00
01/24/2010	Glen Fuller	14473 Woodbridge Rd, Greenwood DE 19950	\$200.00	\$200.00
TOTAL RECEIPTS IN EXCESS OF \$100				\$3,950.00
TOTAL RECEIPTS NOT IN EXCESS OF \$100				\$4,082.50
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)				\$8,032.50



SCHEDULE B - TOTAL EXPENDITURES

Account Number: ***** Reporting Period: 01/01/2010 08/17/2010
FROM TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
01/04/2010	Dept of Elections	North Race St, Georgetown DE 19947	\$930.00	\$930.00
01/16/2010	National Pen Company	Dept 274501, POB 55000, Detroit MI 48255-2745	\$911.80	\$911.80
01/17/2010	Hamilton Associates	Oak Rd, Seaford DE 19973	\$151.00	\$151.00
01/18/2010	WGMD	PO Box 530, Rehoboth Beach DE 19971	\$105.00	\$105.00
01/29/2010	Hamilton Associates	Oak Rd, Seaford DE 19973	\$201.00	\$50.00
02/18/2010	DCI	245 Mckee Rd, Dover DE 19904	\$602.00	\$602.00
03/01/2010	Georgetown Historical Society	510 S. Bedford St, Georgetown DE 19947	\$125.00	\$125.00
03/08/2010	Bowers Signs	1187 Horsepond Rd, Dover DE 19901	\$288.00	\$288.00
03/16/2010	SCDC	22110 Breasure Rd, Georgetown DE 19947	\$160.00	\$160.00
03/16/2010	Interstate Shelter All	916 Twyckenham Rd, Media PA 19063	\$680.00	\$680.00
03/23/2010	USPS	115 S. King St, Georgetown DE 19947	\$88.00	\$88.00
03/26/2010	DCI	245 Mckee Rd, Dover DE 19904	\$609.82	\$7.82
05/07/2010	Interstate Shelter All	916 Twyckenham Rd, Media PA 19063	\$860.00	\$180.00
06/03/2010	USPS	115 S. King St, Georgetown DE 19947	\$115.30	\$27.30
06/03/2010	Premium Graphicx	5512 Mitchelldale, Houston TX 77092	\$1,313.00	\$1,313.00
06/07/2010	Georgetown Historical Society	510 S. Bedford St, Georgetown DE 19947	\$250.00	\$125.00

06/07/2010	DCI	245 Mckee Rd, Dover DE 19904	\$625.33	\$15.51
06/15/2010	USPS	115 S. King St, Georgetown DE 19947	\$159.30	\$44.00
06/18/2010	National Pen Company	Dept 274501, POB 55000, Detroit MI 48255-2745	\$990.75	\$78.95
06/22/2010	USPS	115 S. King St, Georgetown DE 19947	\$181.35	\$22.05
06/27/2010	MS Publications	POB 1000, Seaford DE 19973	\$170.00	\$170.00
07/29/2010	MS Publications	POB 1000, Seaford DE 19973	\$325.00	\$155.00
07/31/2010	DCI	245 Mckee Rd, Dover DE 19904	\$746.73	\$121.40
08/10/2010	Lowes	20364 Plantations Rd, Lewes DE 19958	\$103.39	\$103.39
08/16/2010	USPS	115 S. King St, Georgetown DE 19947	\$225.35	\$44.00
TOTAL EXPENDITURES IN EXCESS OF \$100				\$6,498.22
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$467.75
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)				\$6,965.97



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number: ***** Reporting Period: 01/01/2010 08/17/2010
FROM TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
07/09/2010	Mitch Crane & John Workman	32859 Inlet Way, Lewes DE 19958	food, drinks	\$125.00
07/23/2010	Bill & Nancy Collick	Overbrook Shores, Milton DE 19968	food, drinks	\$200.00
TOTAL CONTRIBUTIONS IN EXCESS OF \$100				\$325.00
TOTAL CONTRIBUTIONS NOT IN EXCESS OF \$100				\$0.00
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2B)				\$325.00



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number: ***** Reporting Period: 01/01/2010 08/17/2010
FROM TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

IN-KIND EXPENDITURES IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Est. Amount Expended
07/09/2010	Mitch Crane & John Workman	32859 Inlet Way, Lewes DE 19958	food, drinks	\$125.00
07/23/2010	Bill & Nancy Collick	Overbrook Shores, Milton DE 19968	food, drinks	\$200.00
TOTAL EXPENDITURES IN EXCESS OF \$100				\$325.00
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$0.00
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)				\$325.00



SCHEDULE D-2 - LOANS

Account Number: ***** Reporting Period: 01/01/2010 08/17/2010
 FROM TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidates Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Date Rec'd	Lender	Endorser	Description	I n t Rate	Orig. Loan Amt	Payments Made	Balance
07/22/2008	Gregory Fuller Sr 21575 Cabbage Pond Rd, Lincoln DE 19960	Gregory Fuller Sr 21575 Cabbage Pond Rd, Lincoln DE 19960	Unsecured	0.00%	\$3,230.00	\$0.00	\$1,390.00
TOTAL LOANS (TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)					\$3,230.00	\$0.00	\$1,390.00



SCHEDULE E - EXPENSE REIMBURSEMENTS

Account Number: ***** Reporting Period: 01/01/2010 08/17/2010
FROM TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburer	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.)					

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS PAID (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I.)					



SCHEDULE F - NON-CASH ASSETS

Account Number: _____

Reporting Period: _____

01/01/2010

FROM

08/17/2010

TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

LIST ALL NON-CASH ASSETS

Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
TOTAL ASSET VALUE (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5.)			



SCHEDULE G - ELIMINATION OF ASSETS

Account Number: *****

Reporting Period: 01/01/2010
FROM

08/17/2010
TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

LIST ALL ELIMINATED ASSETS

Date Eliminated	Description of Asset	Disposition of Asset	Value Received
TOTAL ASSETS ELIMINATED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6.)			